

Recipient Committee Campaign Statement Cover Page

2021 RELEASE UNDER E.O. 14176

SEE INSTRUCTIONS ON REVERSE

STATEMENT OF INVESTMENT 460 Form 1040		Page 1 of 6 <small>For Official Use Only</small>
Date Stamp		
Statement covers period from <u>01/01/2021</u> through <u>06/30/2021</u>	Date of election if applicable: <small>(Month, Day, Year)</small> <u> </u>	

1 Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

<input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="radio"/> State Candidate Election Committee <input type="radio"/> Recall <i>(Also Complete Part 5)</i>	<input type="checkbox"/> Primarily Formed Ballot Measure Committee <input type="radio"/> Controlled <input type="radio"/> Sponsored <i>(Also Complete Part 6)</i>	<input type="checkbox"/> Primarily Formed Candidate/ Officeholder Committee <i>(Also Complete Part 7)</i>
<input checked="" type="checkbox"/> General Purpose Committee <input type="radio"/> Sponsored <input type="radio"/> Small Contributor Committee <input type="radio"/> Political Party/Central Committee		

2. Type of Statement:

<input checked="" type="checkbox"/>	Preelection Statement
<input type="checkbox"/>	Semi-annual Statement
<input type="checkbox"/>	Termination Statement
(Also file a Form 410 Termination)	
<input type="checkbox"/>	Amendment (Explain below)

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C-123 Trophoblasts from Santa Maria Sister, Sausalito District 1 2000

STREET ADDRESS (NO P.O. BOX)				
124 W. Main Street, Suite D		STATE	ZIP CODE	AREA CODE/PHONE
CITY		CA	93458	805-619-0566
MAILING ADDRESS (IF DIFFERENT NO. AND STREET OR P.O. BOX)				
Santa Maria				

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL : FAX / E-MAIL ADDRESS

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4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 08/02/2021 Date 08/02/2021 Executed on _____ Date _____

Executed on _____ Date _____

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of Controlling Officeholder, Candidate, State Measure Proponent

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sure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

COVER PAGE - PART 2

CALIFORNIA 460
FORM

Page 2 of 6

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Carlos Escobedo

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council Member: City of Santa Maria District 1

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY

1010 W. Alvin Avenue Santa Maria CA 93458

STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.	
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NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER		
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Carlos Escobedo for Santa Maria City Council District 1 2020

CALIFORNIA FORM 460	
Statement covers period from <u>01/01/2021</u>	through <u>06/30/2021</u>
Page <u>3</u> of <u>6</u>	
I.D. NUMBER <u>1424210</u>	

SUMMARY PAGE

Contributions Received

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	\$ 723.85	\$ 723.85
2. Loans Received	\$ 0.00	\$ 0.00
3. SUBTOTAL CASH CONTRIBUTIONS	\$ 723.85	\$ 723.85
4. Nonmonetary Contributions.....	\$ 0.00	\$ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED	\$ 723.85	\$ 723.85

Expenditures Made

6. Payments Made.....	<i>Schedule E, Line 4</i>	\$ 69.17	\$ 69.17
7. Loans Made.....	<i>Schedule H, Line 3</i>	\$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS	<i>Add Lines 6 + 7</i>	\$ 69.17	\$ 69.17
9. Accrued Expenses (Unpaid Bills)	<i>Schedule F, Line 3</i>	\$ 0.00	\$ 0.00
10. Nonmonetary Adjustment.....	<i>Schedule C, Line 3</i>	\$ 0.00	\$ 0.00
11. TOTAL EXPENDITURES MADE	<i>Add Lines 8 + 9 + 10</i>	\$ 69.17	\$ 69.17

Current Cash Statement

12. Beginning Cash Balance	<i>Previous Summary Page, Line 16</i>	\$ 4,370.29	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	<i>Column A, Line 3 above</i>	\$ 723.85	
14. Miscellaneous Increases to Cash	<i>Schedule I, Line 4</i>	\$ 0.00	
15. Cash Payments	<i>Column A, Line 8 above</i>	\$ 69.17	
16. ENDING CASH BALANCE	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ 5,024.97	

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED

<i>Schedule B, Part 2</i>	\$ 0.00
<i>See instructions on reverse</i>	\$ 0.00
<i>Add Line 2 + Line 9 in Column B above</i>	\$ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	<i>See instructions on reverse</i>	\$ 0.00
19. Outstanding Debts		

Schedule A
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A
CALIFORNIA 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Carlos Escobedo for Santa Maria City Council District 1 2020

Statement covers period
from 01/01/2021 through 06/30/2021 Page 4 of 6

I.D. NUMBER
1424210

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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CALIFORNIA 460
FORM

Amounts may be rounded
to whole dollars.

Schedule B – Part 1
Loans Received

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Statement covers period
from 01/01/2021 through 06/30/2021 Page 5 of 6

**Schedule E
Payments Made**

Amounts may be rounded to whole dollars.

**SEE INSTRUCTIONS ON REVERSE
NAME OF FILER**

Carlos Escobedo for Santa Maria City Council District 1 2020

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.	
CMP	campaign paraphernalia/misc.
CNS	campaign consultants
CTB	contribution (explain nonmonetary)*
CVC	civic donations
FIL	candidate filing/ballot fees
FND	fundraising events
IND	independent expenditure supporting/opposing others (explain)*
LEG	legal defense
LIT	campaign literature and mailings
MBR	member communications
MTG	meetings and appearances
OFC	office expenses
PET	petition circulating
PHO	phone banks
POL	polling and survey research
POS	postage, delivery and messenger services
PRO	professional services (legal, accounting)
PRT	print ads
RAD	radio airtime and production
RFD	returned contributions
SAL	campaign workers' salaries
TEL	t.v. or cable airtime and production
TRC	candidate travel, lodging, meals
TRS	staff/spouse travel, lodging, meals
TSF	transfer between committee
VOT	voter registration
WEB	information technology costs

Statement covers period		California 460																																								
from	01/01/2021	I.D. NUMBER	Page 6 of 6																																							
through	06/30/2021	1424210																																								
<p>As the payment, you may enter the code. Otherwise, describe the payment.</p> <table> <tr> <td>MBR</td> <td>RAD</td> <td>radio airtime and production costs</td> </tr> <tr> <td>MTG</td> <td>RFD</td> <td>returned contributions</td> </tr> <tr> <td>OFC</td> <td>SAL</td> <td>campaign workers' salaries</td> </tr> <tr> <td>office expenses</td> <td>TEL</td> <td>t.v. or cable airtime and production costs</td> </tr> <tr> <td>PET</td> <td>TRC</td> <td>candidate travel, lodging, and meals</td> </tr> <tr> <td>PHO</td> <td>TRS</td> <td>staff/spouse travel, lodging, and meals</td> </tr> <tr> <td>phone banks</td> <td>TSF</td> <td>transfer between committees of the same candidate/sponsor</td> </tr> <tr> <td>POL</td> <td>VOT</td> <td>voter registration</td> </tr> <tr> <td>polling and survey research</td> <td>WEB</td> <td>information technology costs (internet, e-mail)</td> </tr> <tr> <td>POS</td> <td></td> <td></td> </tr> <tr> <td>PRO</td> <td></td> <td></td> </tr> <tr> <td>professional services (legal, accounting)</td> <td></td> <td></td> </tr> <tr> <td>print ads</td> <td></td> <td></td> </tr> </table>				MBR	RAD	radio airtime and production costs	MTG	RFD	returned contributions	OFC	SAL	campaign workers' salaries	office expenses	TEL	t.v. or cable airtime and production costs	PET	TRC	candidate travel, lodging, and meals	PHO	TRS	staff/spouse travel, lodging, and meals	phone banks	TSF	transfer between committees of the same candidate/sponsor	POL	VOT	voter registration	polling and survey research	WEB	information technology costs (internet, e-mail)	POS			PRO			professional services (legal, accounting)			print ads		
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* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 0.00
2. Unitemized payments made this period of under \$100 \$ 69.17
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 69.17**